

Summary of Waste Streams	Container Type Description	
Scrap Cardboard	15 yd. box	
Scrap Wood	15 yd. box	
Flyash	30 yd. box	
Metallic Powder 1	15 yd. box	
Concrete & dirt	20 yd. box	
Boxes & Bands	20 yd. box	
Concrete & Chips 7 boxes	30 yd. box	
Concrete/Tile 3 boxes	30 yd. box	
Scrap Pipe & Insulation 3 boxes	20 yd. box	
Boxes, Bands, and Ceiling Insulation 1 box	30 yd. box	
Scrap Wood & tires 1 box	30 yd. box	
Metal Chips & dirt 1 box	20 yd. box	
Scrap friction paper 1 box	30 yd. box	

EPA Region 5 Records Ctr.



368949



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 411808

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: <u>SEARCH</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>30 YARDS</u>		<u>FLASH</u>
<u>1/3.83</u>				

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1/3/83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. TRARON</u>	Phone <u>527 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41814

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>50 YARDS</u>		<u>Small wood chips</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1 20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. K. RAYSON</u>		Phone <u>297-8511</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 11821

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>TEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 YARDS		200 APC BOXES	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1/17/83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	45401	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. TEARSON</u>	Phone _____		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

## NO. 477825

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Asphalt</u>		<u>20 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-1-83</u>		EPA IDENTIFICATION CODE NO. <u>04-060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. P. HARRISON</u>		Phone <u>227-6291</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>NAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A1830

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>SEARCHED</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 PAKS</u>		<u>CONCRETE BLOCK</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-13-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>J. T. Pearson</u>		Phone <u>557-6791</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41831

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire station</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non 412</u>		<u>20 YARDS</u>		<u>SCAFF WOOD</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-13-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. KERRON</u>	Phone <u>557-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11832

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO.    TRACTOR NO.</p>	
<p style="text-align: center;"><i>Non Hazardous</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <i>7-1-2000</i></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 YARDS</i>		<i>FLYASH</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>1-13-83</i>		EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>				STATE I.D. NO. _____	
ADDRESS <i>120 WISCONSIN BLVD.</i>				PURCHASE ORDER _____	
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <i>T. REARDON</i>		Phone <i>227-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAFIE</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>DAYTON LANDFILL</i>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11833

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  T. J. ARDIN  </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>  Waste Material  </u>		<u>  30 YARDS  </u>		<u>  FLYASH  </u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>  1-13-83  </u>		EPA IDENTIFICATION CODE NO. <u>  042060928561  </u>	
COMPANY NAME <u>  DELCO MORaine DIV. GMC  </u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>  1-20 WISCONSIN BLVD.  </u>		CITY <u>  DAYTON  </u>		PHONE _____	
CITY _____		STATE <u>  OHIO  </u>		ZIP <u>  45401  </u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>  T. J. ARDIN  </u>		Phone <u>  777-6291  </u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>  SAME  </u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>  S. DAYTON LANDFILL  </u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>  DAYTON  </u>		STATE <u>  OHIO  </u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 91834

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  FORDSON  </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz.</u>		<u>30 YARDS</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11/18/83</u>		EPA IDENTIFICATION CODE NO. <u>040060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>327-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11837

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;"><i>NON HAZARDOUS</i></p>					
IN CASE OF EMERGENCY, NOTIFY: <u>ST. CARRISON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>BARBERS ROYAL</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-18-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>J. T. CARRISON</u>		Phone <u>227-6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>ST. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11838

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
Non Hazardous	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-4-A-DELCO</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Hazard		30 YARDS		FLYASH

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-14-83</u>	EPA IDENTIFICATION CODE NO. <u>24-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>T. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SANE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11844

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Not Hazardous</i></div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Not Haz</i>		<i>30 YARDS</i>		<i>SCRAP WOOD</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-18-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. R. RAYMOND</u>		Phone <u>527 6311</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41846

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>300000</u>		<u>RECYCLED STEEL</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-19-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. REARDON</u>		Phone <u>257-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41847

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Emergency</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>10 YARDS</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-19-83</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. REASON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41849

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>25 YARDS</u>		<u>DRY</u> <u>METAL CHIPS</u> <u>&amp; CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-20-83</u>		EPA IDENTIFICATION CODE NO. <u>010060922061</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>060928561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. P. Anderson</u>		Phone <u>227-6741</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Same</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>DAYTON</u>		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. J. LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A1850

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Mod 1A2</u>		<u>10000</u>		<u>FLY ASH</u>	
		<u>30 VARS</u>			
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>UNITED LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A1854

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;">Not Hazardous</div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Not 102</u>		<u>30 VARS</u>		<u>FLYASH</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>1-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>PEARSON</u>		Print Name <u>J. Pearson</u>	Phone <u>227-6311</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41855

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Waste</u>		<u>30 YARDS</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-24-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1200 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. T. WILSON</u>		Phone <u>252-6071</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>NAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 71856

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>BOYARDS</u>		<u>SCRAP WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-24-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. J. ...</u>	Phone <u>527-6111</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>...</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41819

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Not Applicable</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Not Haz</i>		<i>20 YARDS</i>		<i>BOXES - empty</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-2-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. <b>Keep gold copy for your records.</b>				
Signature <u>[Signature]</u>		Print Name <u>J. H. HANCOCK</u>		Phone <u>227-6591</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SHAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. <b>Keep pink copy for your records.</b> Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. <b>Keep canary copy for your records.</b> Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11843

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align:center"><i>NOT HAZARDOUS</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>CARDBOARD BOXES</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-27-83</u>	EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>OHIO 050928561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>327 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11865

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>TEARADON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		BOARDS		SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-27-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>TEARADON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11866

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <p style="text-align: center;"><i>Not Hazardous</i></p> IN CASE OF EMERGENCY, NOTIFY: <u>911</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____				
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<i>Non Haz.</i>		<i>30 drums</i>		<i>FLYASH</i>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>1-27-83</u>		EPA IDENTIFICATION CODE NO. <u>042060928541</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. T. KERRISON</u>		Phone <u>227-6391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL

NO. 11862

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>7-4800</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>Boys</u>		<u>Old Road</u>	
				<u>Paints</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-28-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV, GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. T. Farnon</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
STATE _____		PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
STATE _____		PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 41870

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>301 ARS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-28-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>OH 060928561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. T. TAYLOR</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>S. ANNE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. ANNE LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11877

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Auto Waste</u>		<u>30 YARDS</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-31-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TRARBON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 41879

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <u>NON HAZARDOUS</u>  IN CASE OF EMERGENCY, NOTIFY: <u>T. PEARSON</u>			NET WT. _____  TRAILER NO.    TRACTOR NO.				
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30 VARS</u>		<u>CARDBOARD BOXES</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>2-3-83</u>		EPA IDENTIFICATION CODE NO. <u>OH10040928561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>T. PEARSON</u>		Phone <u>227-6391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11881

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>TEARON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>WOOD WASTE</u>		<u>30 VARS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. TEARON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 1883

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		50 YARDS		Fly Ash	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-4-83</u>		EPA IDENTIFICATION CODE NO. <u>045060128561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41883

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align:center"><i>Non Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>TEARON</u>				NET WT. _____	
				TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non 192</i>		<i>20 YARDS</i>		<i>FLASH</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>TEARON</u>		Print Name <u>TEARON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11893

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non-Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____				
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<i>Non-Haz</i>		<i>20 YARDS</i>		<i>FLYASH</i>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>2-7-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928-61</u>			
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. Tension</u>		Phone <u>207-6291</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS <u>DAYTON</u>		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 91894

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>815-200</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>			<u>30 YARD</u>		<u>BOXES, CARBON</u>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>2-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

NO. 41890

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>41890</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>COVE CARBON</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-10-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>L. FERGUSON</u> Phone <u>227-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A1899

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YARDS</u>		<u>FLY ASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-11-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. J. HARRISON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>STATE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41900

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-11-85</u>	EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Tension</u>	Phone <u>517-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SA-NE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41904

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center;"><i>Non Hazardous</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Hazard</i>		<i>30 YARDS</i>		<i>Scrap Wood</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-15-83</u>		EPA IDENTIFICATION CODE NO. <u>041060725-81</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JANE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____		ZIP _____ PHONE _____			
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____			
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

NO. 41906

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>NON HAZ</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>7 REARSON</u>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>FLASH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-15-83</u> EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J REARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 47908

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center;"><i>Non HAZARDOUS</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <i>7 DEARDON</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non HAZ</i>		<i>30 YARDS</i>		<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-16-83</u>	EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>W. DEARDON</u>	Phone <u>527-6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11913

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. T. REARDON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 YARDS</u>		<u>FLY ASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-18-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>J. T. REARDON</u>	Phone <u>227 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>B. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41914

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align:center"><i>Non Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non HA2</i>		<i>30 YARDS</i>		<i>FLASH</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-18-83</u>		EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMQ</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>DAYTON</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41913

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>TEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>50 YARDS</u>		<u>CONCRETE-TILES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-18-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>T. TEARSON</u>		Phone <u>227-6371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>JAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>W. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

## NO. 41923

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 YARDS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-24-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>	Phone <u>517-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A/924

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON-HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CARDBOARD BOXES</u>
				<u>WITH WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-23-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060728561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REASON</u> Phone <u>2276391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11927

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 VAGS</u>		<u>WOOD + CARBON</u>
				<u>DRUMS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-24-83</u>	EPA IDENTIFICATION CODE NO. <u>04060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>JAMES</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 41929

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Wood 1A2</u>		<u>20 YARDS</u>		<u>Corrosive Waste</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-25-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARDON</u>	Phone <u>227-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41930

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>7 REARDON</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30 YARD</u>		<u>FLASH</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION: _____							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>2-25-83</u>	EPA IDENTIFICATION CODE NO. <u>043060928561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11933

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-style: italic;">Non Hazardous</div>				
<div style="text-align: center; font-style: italic;">SECTION</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div style="text-align: center; font-style: italic;">Non Haz</div>		<div style="text-align: center; font-style: italic;">30 YARDS</div>		<div style="text-align: center; font-style: italic;">CONCRETE</div>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>2-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>W. S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41934

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. TRENOLIN</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>50 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TRENOLIN</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A1935

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>Fire</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 VARS</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARD</u>		Phone <u>327-6371</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE _____	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41936

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>SCARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>50 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 06048-61</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. P. SCARSON</u>		Phone <u>307-6371</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

NO. 41937

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-26-82</u>		EPA IDENTIFICATION CODE NO. <u>04006028561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>357 1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. DITON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL

NO. 41938

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Not HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Not Haz</u>		<u>30 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARSON</u>		Phone <u>357-6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>NAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A1948

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>3-3</u> <u>8 Jim K. Garwood</u> <u>PLANTEN</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION <u>1 LHD</u> <u>NON HAZ.</u>	HAZARD CLASS	QUANTITY <u>1</u> <u>FLYASH</u> <u>LANDFILL</u> <u>PLA 1</u>	CONTAINER TYPE	MATERIAL DESCRIPTION <u>LANDFILL</u> <u>FLYASH</u> <u>227-6391</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-3-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO.		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE <u>227-6391</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>D. Garwood</u>		Print Name <u>D. GARWOOD</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY <u>SAME</u>		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY		STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY <u>S. DAYTON</u>		EPA IDENTIFICATION CODE NO.		
COMPANY <u>LANDFILL</u>		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY <u>Dayton</u>		STATE <u>Ohio</u>	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41949

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 VARS</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SSA ME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11953

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-style: italic;">Not Hazardous</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. Pearson</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div style="text-align: center; font-style: italic;">Not 12</div>		30 YDS		CONCRETE
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-5-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. Pearson</u>		Phone <u>557-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41954

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>41954</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>1111 442</u>		<u>5000</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>3-1-88</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. PEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAVE</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11956

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;">1001 412</div>  IN CASE OF EMERGENCY, NOTIFY: <u>1-800-441-4444</u>				NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
1001 412		20 yds		CONCRETE	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:  					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-2-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. REARSON</u>		Phone <u>227-6371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S.E. LAMAR</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41958

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>707-288000</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-12-83</u>		EPA IDENTIFICATION CODE NO. <u>OH1000928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>49 CFR 173</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. PERRYMAN</u>		Phone <u>227-1391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41983

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>TELEPHONE</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CRACKED PAVEMENT</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>3-8-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>OHIO 060928561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature <u>[Signature]</u>	Print Name <u>J. T. TRENCH</u>	Phone <u>227-6391</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____	
ADDRESS _____	JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.		
Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____	
ADDRESS _____	JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature _____	Print Name _____	Date _____





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41983

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO.    TRACTOR NO.		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>SCAFF WOOD</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-8-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>287-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 41966

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>Company</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Non-Haz</u>		<u>30 YARDS</u>		<u>FLYASH</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>3-9-83</u>	EPA IDENTIFICATION CODE NO. <u>OH: 060928561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>T. T. T. T. T.</u>	Phone <u>557-6791</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>same</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41968

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>TEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ.</u>		<u>20000</u>		<u>RECYCLABLE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-10-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41973

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  FIRE DEPT  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>300000</u>		<u>TRASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-11-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. T. TAYLOR</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11975

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>NON HAZARDOUS</u>  IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARD</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-12-83</u>	EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41976

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>30 YARDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-12-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>2576391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAVE</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY _____		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11977

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>LEARNED</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.		
COMPANY NAME		<u>DELCO MORaine DIV. GMC</u>	<u>OH 060928561</u>		
ADDRESS		<u>1420 WISCONSIN BLVD.</u>	STATE I.D. NO. _____		
CITY		<u>DAYTON</u>	PURCHASE ORDER _____		
STATE		<u>OHIO</u>	ZIP _____ PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature		Print Name	Phone		
<u>[Signature]</u>		<u>I. REARDON</u>	<u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature		Print Name	Date Received		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		STATE I.D. NO. _____			
ADDRESS		JOB NO. _____			
CITY		ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature		Print Name	Date		



# ENVIRONMENTAL MANIFEST

NO. 41978

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION.			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-14-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 41982

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>41982</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Wood</u>		<u>30 VASES</u>		<u>SCRAP</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-15-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. FEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41986

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Scrap Metal</u>		<u>20 YARDS</u>		<u>SCRAP METAL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-17-83</u>	EPA IDENTIFICATION CODE NO. <u>041-060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>T. J. HADSON</u>	Phone <u>827-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41987

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>20 YARDS</u>		<u>CLAYSTONE LIND FENCE</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>3-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>STEARSON</u>		Phone <u>227-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41988

FORMATION	SCALE INFORMATION
SPONSE INFORMATION	
<u>NON HAZARDOUS</u>	
OF EMERGENCY, NOTIFY: <u>REARSON</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

## SHIPPING INFORMATION

O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yards</u>		<u>CARPET, BOXES, SAND, WOOD</u>

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DELCO MORaine DIV. GMC DATE SHIPPED 1-17-83 EPA IDENTIFICATION CODE NO. OH/2060928561  
COMPANY NAME \_\_\_\_\_ STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name REARSON Phone 257-5391

TRANSPORTER \_\_\_\_\_ EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY SAME STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

NT/DISPOSAL FACILITY S. DAYTON LANDFILL EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
STATE I.D. NO. \_\_\_\_\_  
JOB NO. \_\_\_\_\_  
DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for  
ard white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41992

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
Non Hazardous	
IN CASE OF EMERGENCY, NOTIFY: J. TEBARDON	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 YARD		FLYASH

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

**CERTIFICATION**

GENERATOR DATE SHIPPED 3-18-83 EPA IDENTIFICATION CODE NO. 04D060928561  
 COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
 ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
 Signature \_\_\_\_\_ Print Name J. TEBARDON Phone 227-6391  
 TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
 COMPANY SAME STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_  
 TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY S. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A11993

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>410 YARDS</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>3-17-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>T. FEARSON</u>	Phone <u>227-6791</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11997

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>DEPT. OF ENVIRONMENT</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-HA2</u>		<u>30 YARDS</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>3-19-83</u>	EPA IDENTIFICATION CODE NO. <u>OH1060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>T. TRARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41998

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NON HAZ</div>			NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>1 LT.</u>		<u>CONCRETE</u>
		<u>30 yds.</u>		
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-19-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>IREANIN</u>	Phone <u>3-76391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAY. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





# ENVIRONMENTAL MANIFEST

**NO.** 41999

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-4-A-REARON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30415</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-19-83</u>		EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41995

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Vol</u>		<u>30 YARDS</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-21-83</u>		EPA IDENTIFICATION CODE NO. <u>045060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARDON</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>THE S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12291

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>30 YARDS</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>OHIO 060928561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. T. FARRER</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. JAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43006

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>REGION</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>245370002 BOXES</u>	
				<u>WITH WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-22-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. CODE _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY <u>DAYTON</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 89012

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>800-442-0000</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>WOOD HAZ</u>		<u>20 YARDS</u>		<u>SCRAP WOOD</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>3-24-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43013

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>NON HAZARDOUS</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>BOXES - UNLabeled</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>3-25-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>				
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1720 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>T. TEARION</u>	Phone <u>227-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 93014

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Not Haz</u>		<u>30 VARS</u>		<u>FLASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-24-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. Treadon</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A4016

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARIOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42018

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>REARSON</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>3-25-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature _____		Print Name <u>J. REARSON</u>	Phone <u>227-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>S. J. ME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. J. ME LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 420/19

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<i>Non Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>Fire Department</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Hazard</i>		<i>30 YARDS</i>		<i>CONCRETE</i>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

CERTIFICATION					
GENERATOR	DATE SHIPPED <i>3-25-83</i>	EPA IDENTIFICATION CODE NO. <i>041-060928561</i>			
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____				
ADDRESS <i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____				
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p> <p><i>OHD 060928561</i></p>					
Signature <i>[Signature]</i>	Print Name <i>T. REARSON</i>	Phone <i>2276591</i>			
TRANSPORTER	EPA IDENTIFICATION NO. _____				
COMPANY <i>SAANE</i>	STATE I.D. CODE _____				
ADDRESS _____	JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____	Print Name _____	Date Received _____			
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____				
COMPANY <i>S. DAY - LANDFILL</i>	STATE I.D. NO. _____				
ADDRESS _____	JOB NO. _____				
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____	Print Name _____	Date _____			



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42020

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>SECTION</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TRARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 44021

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 24px; font-family: cursive;">Non Hazardous</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>7-1-88 2200</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<div style="text-align: center; font-size: 24px; font-family: cursive;">Non Haz</div>		30 YARDS		CONCRETE	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. TRACON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** A2022

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>See Record</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42023

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>227-6391</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>FLY ASH</u>		<u>30 YARDS</u>		<u>FLY ASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-28-83</u>	EPA IDENTIFICATION CODE NO. <u>34060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12026

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <p style="text-align: center;"><i>Not Hazardous</i></p> IN CASE OF EMERGENCY, NOTIFY: <u>7-1-1</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
<i>Not Haz</i>		<i>30 YARDS</i>		<i>Truck/Trailer</i>		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION: _____						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>3-29-83</u>		EPA IDENTIFICATION CODE NO. <u>043060928561</u>		
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____				
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>[Signature]</u>		Print Name <u>J. KARDON</u>		Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		



# ENVIRONMENTAL MANIFEST

**NO.** 13029

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>STEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 YARDS</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-29-83</u>		EPA IDENTIFICATION CODE NO. <u>124-060928-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. REASON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12032

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HA=</u>		<u>30 YARDS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-30-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LA JIFFICE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2033

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Not Haz</u>		<u>30 YARDS</u>		<u>Waste</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-30-83</u>	EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 12191

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center;"><i>Non Haz</i></div>					
IN CASE OF EMERGENCY, NOTIFY: <i>See label</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds.</i>		<i>CONCRETE</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>4/1/83</i>		EPA IDENTIFICATION CODE NO. <i>060928-61</i>	
COMPANY NAME <b>DELCO MORaine DIV. GMC</b>				STATE I.D. NO. _____	
ADDRESS <b>1120 WISCONSIN BLVD.</b>				PURCHASE ORDER _____	
CITY <b>DAYTON</b>		STATE <b>OHIO</b>		ZIP <b>45401</b>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <i>J. T. ...</i>		Phone <i>227-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>Same</i>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>DAYTON LANDFILL</i>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11038

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YARDS</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-2-83</u>		EPA IDENTIFICATION CODE NO. <u>242060728-51</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. K. [unclear]</u>		Phone <u>227-6371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A 2040

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>5 E. 4300A</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. EARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 113091

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 VARS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-4-83</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928581</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Pearson</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 113096

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>HAZARDOUS</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>300000</u>		<u>PLASTIC FIBER</u> <u>PIPE + INSULATION</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-6-83</u>		EPA IDENTIFICATION CODE NO. <u>OHDD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REASON</u>		Phone <u>257-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>NAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		ZIP _____	
CITY _____		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 42047

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div>			NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 YARDS</i>		<i>WOOD</i>
				<i>CRATES</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-6-83</u>	EPA IDENTIFICATION CODE NO. <u>242060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 42059

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO.    TRACTOR NO.</p>	
<p style="text-align: center;"><i>NON HAZARDOUS</i></p>				
<p>IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u></p>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>CARDBOARD BOXES</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-8-83</u>		EPA IDENTIFICATION CODE NO. <u>CL12 60928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12056

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>McCluskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>25 YDS</u>		<u>CONCRETE FLASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Charles McCluskey</u>		Print Name <u>CHARLES MCCLUSKEY</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43057

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div> IN CASE OF EMERGENCY, NOTIFY: <u>P. McCloskey</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
<u>NON HAZ</u>		<u>15/05</u>		<u>WOOD (SCRAP)</u>		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>4-8-83</u>		EPA IDENTIFICATION CODE NO. <u>OH0060923521</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____				
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>Charles McCloskey</u>		Print Name <u>CHARLES McCloskey</u>		Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42060

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ.</u>		<u>25 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>C. McCloskey</u>		Print Name <u>C. McCloskey</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12061

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="font-size: 1.2em; color: blue;">NON HAZARDOUS</p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>C. McClosky</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		25-105		CONCRETE	
MATERIAL DISPOSITION					
<p> <input type="checkbox"/> RECLAMATION             <input type="checkbox"/> INCINERATION             <input checked="" type="checkbox"/> LANDFILL             <input type="checkbox"/> OTHER (Specify) _____         </p>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>Charles McClosky</u>		Print Name <u>CHARLES McClosky</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2067

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 BAGS</u>		<u>PORTLAND CEMENT</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-13-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43068

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>NON HAZARDOUS</i></div>			NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>3-5-83</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 VARS</i>		<i>TRC 6.6E</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-15-83</u>		EPA IDENTIFICATION CODE NO. <u>124-060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Pearson</u>		Phone <u>257-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAUSE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13069

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>911</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>20 YARDS</u>		<u>RECLAIMABLE MAT</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-13-83</u>		EPA IDENTIFICATION CODE NO. <u>060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. T. ...</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>STATE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





# ENVIRONMENTAL MANIFEST

NO. 12071

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>NON HAZARDOUS</i></div> IN CASE OF EMERGENCY, NOTIFY: <u>DEARSON</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 YARDS</i>		<i>SCRAP WOOD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-14-83</u>		EPA IDENTIFICATION CODE NO. <u>OH1060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. DEARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13074

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>Boxes</u>		<u>Plastic &amp; Fiber Pkg</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-15-83</u>		EPA IDENTIFICATION CODE NO. <u>OH059928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. L. LEARON</u>	Phone <u>2-76391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42075

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>E. McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 yds		FL-ASH	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-15-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>Charles McCloskey</u>		Print Name <u>CHARLES McCloskey</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>5 DAYTON LAND FILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12076

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZARDOUS</u>		<u>20405</u>		<u>BOXES &amp; BANDS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-15-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles McCloskey</u>		Print Name <u>CHARLES McCLOSKEY</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 42080

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>CHAS McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>1 load</u>	<u>Box</u>	<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-16-83</u>		EPA IDENTIFICATION CODE NO. <u>CHD 010928563</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Charles McCloskey</u>		Print Name <u>CHAS McCloskey</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A2081

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Not Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>Quincy McChesney</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>Load</u>	<u>Box</u>	<u>Concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-16-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 06092851</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Quincy McChesney</u>		Phone <u>276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Quincy Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12084

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NONHAZ</u>		<u>30 YDS</u>		<u>FLASH</u>
<u>Pkt 1</u>				
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-18-83</u>	EPA IDENTIFICATION CODE NO. <u>PHD 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CHARLES McCloskey</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LAND FILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42085

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>25405</u>		<u>BOXES</u>
<u>PAT 1</u>				
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-18-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>C. McCloskey</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 42091

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>C. McCloskey</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		25/05		BOXES	
PLT 1					
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-20-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>[Signature]</u>		Print Name <u>C. McCloskey</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12095

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>CHARLES M. CLOSKEY</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>1 LOAD</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060 928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles M. Closkey</u>		Print Name <u>CHAS. M. CLOSKEY</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11097

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY <u>MCLOSKEY</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRIP WOODS</u>	
<u>PLT 1</u>					
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-22-83</u>		EPA IDENTIFICATION CODE NO. <u>CHDD06092856</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Charles J. McCloskey</u>		Print Name <u>CHARLES MCLOSKEY</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A2098

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY <u>CHARLES MCCLOSKEY</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>16000</u>		<u>CONCRETE</u>
<u>Part 1</u>				
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-23-83</u>		EPA IDENTIFICATION CODE NO. <u>CHD 060925561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Charles McCloskey</u>		Print Name <u>CHARLES MCCLOSKEY</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SMI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2102

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>REARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 YARDS</u>		<u>CONCRETE + CHIPS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12106

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>7-1-1</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-27-83</u>	EPA IDENTIFICATION CODE NO. <u>24306928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. REARON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>5 DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42112

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YARDS</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-28-83</u>		EPA IDENTIFICATION CODE NO. <u>1245060128561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44113

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>  FORD  </u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>SCAFF BOLTS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>4-21-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name J. PARSON Phone 227-6391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>B. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2114

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO.    TRACTOR NO.		
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Mod Haz</u>		<u>RECYCLES</u>		<u>BRICK PAVERS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-27-83</u>		EPA IDENTIFICATION CODE NO. <u>24206928-61</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. J. PARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42116

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  J. Pearson  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-30-83</u>	EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>  J. Pearson  </u>		Print Name <u>J. PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11111

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <u>911</u>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Prod. Haz</i>		<i>30 yds.</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-30-87</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 12118

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>See Label</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>			<u>30 YARDS</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>4-30-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. R. [Name]</u>		Phone <u>276-11</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12119

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">Non Hazardous</div>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 VARS</u>		<u>CONCRETE</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>4-30-83</u>		EPA IDENTIFICATION CODE NO. <u>042060928761</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. PEARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		ZIP _____		DATE RECEIVED _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>D.C. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY _____		ZIP _____		DATE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42120

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">Not Hazardous</div>  IN CASE OF EMERGENCY, NOTIFY: <u>TEARON</u>				NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-30-83</u>		EPA IDENTIFICATION CODE NO. <u>24060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. TEARON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SANIE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 15121

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Not Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <i>Fire Station</i>				NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non-Haz</i>		<i>30 YARDS</i>		<i>CONCRETE</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
5-7 CERTIFICATION					
GENERATOR		DATE SHIPPED <i>5-7-83</i>		EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		PHONE _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45401</i>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>J. T. Pearson</i>		Phone <i>227-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <i>SAFIE</i>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <i>S. DAYTON LANDFILL</i>		ADDRESS _____		JOB NO. _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2125

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>J. T. REARDON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>CONCRETE CHIPS</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION   
 ☐ INCINERATION   
 ☒ LANDFILL   
 ☐ OTHER (Specify) \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**CERTIFICATION**

GENERATOR DATE SHIPPED 5-3-82 EPA IDENTIFICATION CODE NO. OH 060928561  
 COMPANY NAME DELCO MORAIN DIV. GMC STATE I.D. NO. \_\_\_\_\_  
 ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name J. T. REARDON Phone 227-6391  
 TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_

COMPANY SAME STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42126

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINT</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YRS</u>		<u>FLASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>5-7-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature <u>[Signature]</u>	Print Name <u>J. TR... ..</u>	Phone <u>2276791</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____	
ADDRESS _____	JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.		
Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. J. ... LANDFILL</u>	STATE I.D. NO. _____	
ADDRESS _____	JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature _____	Print Name _____	Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12128

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align:center"><i>NON HAZ</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>9 222222</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 yds</i>		<i>FLYASH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-3-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TRERSON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAN E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Day Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14131

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>None HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. T. TIERSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>None HAZ</u>		<u>30 YARDS</u>		<u>SCRAP BOXES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-4-83</u>		EPA IDENTIFICATION CODE NO. <u>04D060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>100 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. TIERSON</u>		Phone <u>207-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13152

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>TELEPHONE</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>SCRAP DUXE S</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAN E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. JAY. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11133

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Hazard</u>		<u>35 YARDS</u>		<u>Scrap Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. REARDON</u>		Phone <u>327-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Same</u>		JOB I.D. NO. _____		CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12138

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>ST. PETER'S</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NOV HAZ</u>		<u>30 YARDS</u>		<u>FLYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-6-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. T. FARRON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>[Signature]</u>		JOB I.D. NO. _____		CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 143139

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NO. 142</u>		<u>40000</u>	<u>ANCHORAGE</u>	<u>FRAGILE CONCRETE</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

**CERTIFICATION**

GENERATOR DATE SHIPPED 5-7-83 EPA IDENTIFICATION CODE NO. OH 060928-61  
 COMPANY NAME DELCO MORAIN DIV. GMC STATE I.D. NO. \_\_\_\_\_  
 ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
 Signature [Signature] Print Name T. J. HARRISON Phone 222-6391  
 TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
 COMPANY SAVE STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_  
 TREATMENT/DISPOSAL FACILITY S.D.L. EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY SAVE STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12140

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>WOOD SCRAP</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>1-6-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. Pearson</u>	Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>AME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____					
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____					
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 113141

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Non Hazardous</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Hazard		30 YARDS		CONCRETE
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-7-83</u>		EPA IDENTIFICATION CODE NO. <u>OH1060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 15142

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>227-6391</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-7-83</u>	EPA IDENTIFICATION CODE NO. <u>227-6391</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. T. HARRISON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAI Landfill</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAI</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 44143

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align:center"><i>Non Haz</i></div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>M. H.</i>		<i>30</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-7-83</u>	EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TRAMER</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. A. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13144

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>EMERSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 y.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-7-83</u>	EPA IDENTIFICATION CODE NO. <u>AD02831</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>T. Emerson</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S.D. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 42145

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
N.H.		30 y		<del>Concrete</del> BOXES - BANDS
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-9-83</u>		EPA IDENTIFICATION CODE NO. <u>060928761</u>
COMPANY NAME <u>DELCO-MORAINE DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>1. REIDON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Day</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13146

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>REARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HA2</u>		<u>70 y.</u>		<u>GENERATOR FLY ASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. REARSON</u>		Phone <u>317-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S.D. LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAY</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42150

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>924-ARJON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>30 VARS</u>		<u>HAZARDOUS PILES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-10-83</u>	EPA IDENTIFICATION CODE NO. <u>240060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>KEARSON</u>	Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12154

EMERGENCY INFORMATION				SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div> IN CASE OF EMERGENCY, NOTIFY: <u>See label</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE CHAIRS</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>5-11-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>			
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature _____		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>JAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____			
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAY. LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____			
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42155

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;"><i>Non Hazardous</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>J. KEARSON</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non HA</i>		<i>30 YARDS</i>		<i>SCRAP WOOD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-11-83</u>		EPA IDENTIFICATION CODE NO. <u>242060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____			
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>[Signature]</u>		Print Name <u>J. KEARSON</u>		Phone <u>2276371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. JAY LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12156

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-12-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>J. TREARDON</u>		Phone <u>2276391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 45/102

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>SEARCH</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HA-</u>		<u>30 yds</u>	<u>Trailer</u>	<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-12-83</u>		EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. Deardon</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>ADRIE CO. TIRE REPAIR</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41141

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>227-6391</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-13-83</u>		EPA IDENTIFICATION CODE NO. <u>042160928361</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF E</u>				STATE I.D. CODE _____
ADDRESS _____				JOB I.D. NO. _____
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAF E</u>				STATE I.D. NO. _____
ADDRESS _____				JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43162

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
NON HAZARDOUS	
IN CASE OF EMERGENCY, NOTIFY: <u>707-7030</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 YARDS		CARPENT / BAILS

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

---

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-13-83</u>	EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. <u>8</u>		
ADDRESS <u>120 WISCONSIN BLVD.</u>	PURCHASE ORDER		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41164

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____  TRAILER NO.    TRACTOR NO.		
<div style="text-align: center;"><i>Not Hazardous</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Not Haz</i>		<i>30 YARDS</i>		<i>SCAFF BOXES - CONTAINER</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
<b>ADDITIONAL INFORMATION:</b>				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-13-83</u>		EPA IDENTIFICATION CODE NO. <u>045060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. REARDON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13163

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center;"><i>NON HAZ</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 yds</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-83</u>	EPA IDENTIFICATION CODE NO. <u>04060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Am E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY. Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2167

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Not Hazardous</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>CLARK</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>20 yd</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-14-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>PEARSON</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____    PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. LARVILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAY</u>		STATE <u>OHIO</u>		ZIP _____    PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11118

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center;"><i>Non Haz</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YD</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>PEARSON</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>B. J. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44169

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yd</u>		<u>CRACK RESE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REASON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S.E. LINDEN</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42170

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Non Haz</u>  IN CASE OF EMERGENCY, NOTIFY: <u>SEE ARROW</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. T. E. ARROW</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S.D. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 43177

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>None</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>See ARDON</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>N. L.</u>		<u>30 yd</u>		<u>CONCRETE</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR DATE SHIPPED 5-14-83 EPA IDENTIFICATION CODE NO. 04-060928561  
COMPANY NAME DELCO MORAIN DIV. GMD STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name See ARDON Phone \_\_\_\_\_

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY JAMES STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. J. LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAY STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12172

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>W. ARDON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 Y.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-14-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>W. ARDON</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>S.D. LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAY</u> STATE <u>OHIO</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12175

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>SCRAP BOXES &amp; BANDS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-16-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. FEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 4-1-78

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
<p style="text-align: center;"><i>Non Hazardous</i></p>				
IN CASE OF EMERGENCY, NOTIFY: <u>TEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 YARDS</i>		<i>LANDFILL FINE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 06928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>[Signature]</u>		Print Name <u>J. TEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13186

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. <u>2000</u> TRAILER NO.    TRACTOR NO.	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. FEARON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30405</u>		<u>FLASIT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-20-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Fearon</u>	Phone <u>227-6071</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>5 DAY LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42188

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>COXES - SAND</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>5-20-83</u>	EPA IDENTIFICATION CODE NO. <u>042 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>	Print Name <u>J. T. REARDON</u>	Phone <u>2276391</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFARI</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY LANDFILL</u>	STATE I.D. NO. _____			
ADDRESS _____	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 72189

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINT</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Wood HA</u>		<u>30 YARDS</u>		<u>CARDBOARD BOXES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-20-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>J. REARDON</u>		Phone <u>4076391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12192

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See serial</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>Scrap wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-20-83</u> EPA IDENTIFICATION CODE NO. <u>OH060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. K. ARSON</u> Phone <u>2276391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. J. Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42193

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>NON HAZARDOUS</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>J. Pearson</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>31 YARDS</i>		<i>CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>5-21-83</i> EPA IDENTIFICATION CODE NO. <i>OH 060928561</i>		
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1120 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>J. Pearson</i>		Phone <i>2276391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>J. S. Landfill</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A2195

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>J. Pearson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 Y.</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OH-16028561</u>
COMPANY NAME <u>LCO MORaine DIV. GmC</u>		STATE I.D. NO. _____		
ADDRESS <u>10 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Pearson</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. TON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 45135

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">NON HAZ</div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>212-222-2222</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Normal Haz</u>		<u>30 Y.</u>		<u>CONCRETE</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-1-83</u>	EPA IDENTIFICATION CODE NO. <u>22-160928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. Pearson</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>TAN E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SADA LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42197

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>GAARDEN</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 Y.</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1 20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. P. HARRISON</u>		Phone <u>727 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>Sam E</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAY. LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY _____		STATE _____		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11107

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>SCARAB</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 yds.</u>		<u>SCARAB FERTILIZER PELLETS</u>	
			<u>BOXES</u>	<u>SKID &amp; BONES</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>5-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. E. Martin</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>J. E. Martin</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. J. J. L. 1420 WISCONSIN</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 13108

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
Non HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>J. TREADON</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non HAZ		30 YARDS		WOOD + BOXES	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
<b>ADDITIONAL INFORMATION:</b>					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>5-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. TREADON</u>		Phone <u>557-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 112210

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non-Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINT</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30 YARDS</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-27-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. BROWN</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 73237

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>9-1-1</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 YDS.		FORD & BIAN'S	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-3-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>FEARSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFARI</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 72222

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: right; font-style: italic;">492452002</div>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-200-2000</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>20 Yards</u>		<u>Scrap wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-3-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>STEVE ARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 72223

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Non Hazardous</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>S. PEARSON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30 yards</u>		<u>FLY ASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORaine DIV. GMD</u> DATE SHIPPED <u>6-3-83</u> EPA IDENTIFICATION CODE NO. <u>OH060928561</u>				
COMPANY NAME _____ STATE I.D. NO. _____				
ADDRESS <u>1420 WISCONSIN BLVD.</u> PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____ Print Name <u>J. PEARSON</u> Phone <u>227-6391</u>				
TRANSPORTER _____ EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11114

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO.    TRACTOR NO.</p>	
IN CASE OF EMERGENCY, NOTIFY: <u>See addn</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YR</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH2 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____			
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>J. KEARSON</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____ PHONE _____			
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____			
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13233

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. KERRON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>50 YDS</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>KERRON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11226

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>St. Clair County</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GM</u>				STATE I.D. NO. _____	
ADDRESS <u>20 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>ST. CLAIR</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

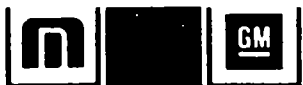
# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1227

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align:center"><i>NON HAZ</i></div>					
IN CASE OF EMERGENCY, NOTIFY: <u>HAZARD</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NON HAZ</i>		<i>30 YDS</i>		<i>CONCRETE</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44428

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 yds.		CONCRETE	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-4-85</u>		EPA IDENTIFICATION CODE NO. <u>OH 06092</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>LEARDON</u>		Phone <u>227-6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 12239

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>2 TERRADON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>CAVITY WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-7-88</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>	CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>TERRADON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12233

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>8 REARROW</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Wood 4x2</u>		<u>20 YARDS</u>		<u>SCAFF WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-7-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. REARROW</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SA ME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 412139

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SCOTT ADAMS</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>20 YARDS</u>		<u>SCRAP WOOD AND TRAILS</u>	
				<u>WITH PAIRS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>SCOTT ADAMS</u>		Phone <u>257-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>JAN E</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11240

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Non Hazardous</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>TEAR DON</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>30 YARDS</u>		<u>SPENT WOOD, BOARDS</u>	
				<u>AND PAPER TOLLS</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
<b>ADDITIONAL INFORMATION:</b>					
<b>CERTIFICATION</b>					
GENERATOR <u>DELCO MORaine DIV. GMC</u> DATE SHIPPED <u>6-9-83</u> EPA IDENTIFICATION CODE NO. <u>04D060928561</u> COMPANY NAME _____ STATE I.D. NO. _____ ADDRESS <u>1120 WISCONSIN BLVD.</u> PURCHASE ORDER _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> <u>45401</u> ZIP _____ PHONE _____ This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature <u>[Signature]</u> Print Name <u>T. TEAR DON</u> Phone <u>227-6391</u> TRANSPORTER _____ EPA IDENTIFICATION NO. _____ COMPANY <u>SAME</u> STATE I.D. CODE _____ ADDRESS _____ JOB I.D. NO. _____ CITY _____ STATE _____ ZIP _____ PHONE _____ This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature _____ Print Name _____ Date Received _____ TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____ COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____ ADDRESS _____ JOB NO. _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____ This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest. Signature _____ Print Name _____ Date _____					

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12243

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YARDS		CONCRETE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-83</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. ARROW</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 412414

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J REARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ.</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-83</u> EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43245

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D06092856</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 41246

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ.</u>		<u>30 yds</u>		<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-83</u>	EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12247

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>NON-HAZARDOUS</u>  IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30405</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-11-83</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER <u>SAME</u>		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42248

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ.</u>		<u>30 yds</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-11-83</u>		EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARON</u>		Phone <u>2876391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 143249

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>  IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>			NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-13-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42251

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Not Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>REARON</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Yard Haz</u>		<u>30 YARDS</u>		<u>CONCRETE SLAB AND CHIPS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-13-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>T. REARON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		DATE RECEIVED _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		DATE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11353

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SCARROW</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-14-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. TEARLOW</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAHLL</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 712340

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Not dangerous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>SEARCHED</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>SCAFFOLD</u>
				<u>AND TRUCKS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 7 5 2 6 2

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>30 YARDS</u>		<u>FLY ASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR		DATE SHIPPED <u>6-17-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____		Print Name <u>ICE ARJON</u>	Phone <u>227 6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAVE</u>		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____	Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42370

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>  761-4541  </u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Wood Waz</u>		<u>30 YARDS</u>		<u>SCRAPE WOODS</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

GENERATOR		DATE SHIPPED <u>6-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. KERRISON</u>		Phone <u>2276391</u>	
TRANSPORTER <u>  JANE  </u>		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>SDAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12372

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>ST. REAGOR</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Mort Gar</u>		<u>30 YARDS</u>		<u>BOXES / WOODS</u> <u>SCRAP</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>ST. REAGOR</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAIME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43274

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Not dangerous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>TEARON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Not Haz</u>		<u>30 YARDS</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-23-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARON</u>		Phone <u>2276391</u>
TRANSPORTER (		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11279

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div>			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>9-1-1</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30000</i>		<i>7 1/2' x 12'</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>6-24-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>CEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>J. Am E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43281

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div>  IN CASE OF EMERGENCY, NOTIFY: <i>See attached</i>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Hazard</i>		<i>30 YARDS</i>		<i>BOXES - TRANSPORTING INSULATION</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>6-27-83</i>		EPA IDENTIFICATION CODE NO. <i>0242060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP <i>45401</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>J. REARSON</i>		Phone <i>227-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAME</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>S. DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12282

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;"><i>NON HAZARDOUS</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>REARSON</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>EDGES/DAMS/PANELS</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-27-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>REARSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>J. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42395

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>See Section</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30 yds.</u>		<u>PAVEMENT / ASP.</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>7-5-85</u>	EPA IDENTIFICATION CODE NO. <u>04-050928161</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1220 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. REardon</u>	Phone <u>227-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12296

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YARDS</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-5-83</u>		EPA IDENTIFICATION CODE NO. <u>045060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. Pearson</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
ZIP _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
ZIP _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42297

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;"><i>Non Hazardous</i></div> IN CASE OF EMERGENCY, NOTIFY: <i>J. Pearson</i>			NET WT. _____ TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 YARDS</i>		<i>SCRAP CHIPS AND CONCRETE</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>7-6-83</i>		EPA IDENTIFICATION CODE NO. <i>242060928561</i>
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1120 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <i>J. Pearson</i>		Phone <i>227-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>Same</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 71403

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-420-1</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CRUSHED Tires</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-8-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11304

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>CLARK</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YLS</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-8-83</u>	EPA IDENTIFICATION CODE NO. <u>OH1060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>KEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 99705

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>None</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Station</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>None</u>		<u>30 yds</u>		<u>ROXON TANKS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u> DATE SHIPPED <u>7-8-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>				
COMPANY NAME _____ STATE I.D. NO. _____				
ADDRESS <u>1120 WISCONSIN BLVD.</u> PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>ICEARSON</u> Phone <u>227-6391</u>				
TRANSPORTER _____ EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12308

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<i>Not Applicable</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>FLYASH</i>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-9-82</u>	EPA IDENTIFICATION CODE NO. <u>042 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. PEARSON</u>	Phone <u>227-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>Same</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAY. LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 23909

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>7-1-83</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>No. 1 H-2</u>		<u>30 YARDS</u>		<u>20X85-1 WOOD</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>7-9-83</u>	EPA IDENTIFICATION CODE NO. <u>2H5 060928161</u>	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Pearson</u>	Phone <u>207 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. [Signature]</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DARTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. 42318

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
<i>NON HAZARDOUS</i>					
IN CASE OF EMERGENCY, NOTIFY: <u>2 REPAIR</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NON HAZ</i>		<i>30 YARDS</i>		<i>SCRAP WOOD</i>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>7-11-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>REARSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>STAN E</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>STAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11330

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>7-1-1</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARD</u>		<u>DRYER, DANCE, INC.</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-14-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>T. DEJON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11321

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>9-1-1</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Hazardous</u>		<u>20 YARDS</u>		<u>SCRAP PIPE +</u>	
				<u>INSULATED</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-15-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>REARSON</u>		Phone <u>2276791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44327

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>HAZARDOUS</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 <del>DRUMS</del>		SCAFF WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-18-83</u>	EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAUE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 72330

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>50 TONS</u>		<u>BOXES OF INSULATION</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-18-83</u>		EPA IDENTIFICATION CODE NO. <u>042060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. FEARSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. SUTTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 1531

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 WAGS</u>		<u>TILYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 206092 P 561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>227-6371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11333

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>None</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>NEARBY</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>None</u>		<u>30 YARDS</u>		<u>BRICKS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-19-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>T. T. 23001</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11374

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
NON HAZARDOUS	
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YDS		SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

---

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-20-82</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11397

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>BOXES/BAGS AND FIBER CAILING</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-21-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 74337

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>7 (C. G. R. S. A. W.)</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Non Haz</u>		<u>30 yds</u>		<u>SCAFF WOOD</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>7-20-83</u>	EPA IDENTIFICATION CODE NO. <u>045 060928561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GmO</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>T. BRADON</u>	Phone <u>227-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43394

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>7-1-1</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>20-125</u>		<u>Lead Scrap</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-23-83</u>	EPA IDENTIFICATION CODE NO. <u>2A506092861</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>Sam E. ...</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Sam E. ...</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>5. DDA TON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42343

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>SCRAP BOXES</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 7-23-83 EPA IDENTIFICATION CODE NO. OH 060928-61  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO 45401 ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. Reardon Print Name J. REARDON Phone 227-6391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY S.A.M.E. STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 

A	2	3	4	6
---	---	---	---	---

EMERGENCY INFORMATION		SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			
NON HAZARDOUS			
		NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: 911		TRAILER NO. _____ TRACTOR NO. _____	

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 units		20005 containers

☐ RECLAMATION      ☐ INCINERATION      ☒ LANDFILL      ☐ OTHER (Specify) \_\_\_\_\_

## CERTIFICATION

GENERATOR \_\_\_\_\_ DATE SHIPPED 7-25-83 EPA IDENTIFICATION CODE NO. C43060928561  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
Signature [Signature] Print Name J. REXARDON Phone 227-6391

TRANSPORTER \_\_\_\_\_ EPA IDENTIFICATION NO. \_\_\_\_\_  
 COMPANY SAME \_\_\_\_\_ STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY \_\_\_\_\_ EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY W. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. AA348

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>  FIRE DEPT  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 TONS</u>		<u>CONCRETE/TILE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-25-83</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

NO. 42349☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>Not Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>See back</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>			<u>32 YARDS</u>		<u>Asphalt</u>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>7-25-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REASON</u>		Phone <u>527-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42374

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>CONCRETE</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE / TIE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-26-87</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. [Name]</u>	Phone <u>517-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>S.A.M.E.</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42317

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Now HAZARDOUS</i>					
<i>J. Pearson</i>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Now HAZ</i>			<i>90 yds.</i>		<i>Common Solids</i>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>7-27-83</u>		EPA IDENTIFICATION CODE NO. <u>04-060128-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. Pearson</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JANE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12340

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. T. GARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE / TILE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-28-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. GARDON</u>	Phone <u>227 6091</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12347

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>Not Hazardous</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Chemical</u>	<u>2</u>	<u>20 lbs</u>		<u>Acidic/Flammable</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-18-83</u>	EPA IDENTIFICATION CODE NO. <u>45401</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>[Name]</u>	Phone <u>[Phone]</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>[Name]</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>[City]</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 012369

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<i>NON HAZARDOUS</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>J. Keadon</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NON HAZ</i>		<i>20405</i>		<i>Scrap Wood</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR <b>DELCO MORaine DIV. GMC</b>		EPA IDENTIFICATION CODE NO. <i>04D00928561</i>			
COMPANY NAME <b>1120 WISCONSIN BLVD.</b>		STATE I.D. NO. _____			
ADDRESS _____		PURCHASE ORDER _____			
CITY <b>DAYTON</b>	STATE <b>OHIO</b>	ZIP <b>45401</b>	PHONE <b>227-6391</b>		
<p>This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <i>J. Keadon</i>		Print Name <b>J. KEADON</b>		Phone _____	
TRANSPORTER <b>SAME</b>		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <b>S. Dayton Landfill</b>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <b>Dayton</b>	STATE <b>OHIO</b>	ZIP _____	PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12373

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. PEARSON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30/05</u>		<u>SEAL BOXES</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR <u>DELCO MORAIN</u>	<u>DIV. GMC</u>	<u>8-4-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____	
ADDRESS _____		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>J. PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER _____	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY _____	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112376

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>NON HAZARDOUS</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ.</u>		<u>30 YDS</u>	<u>TBD</u>	<u>CONCRETE CHIPS</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>8-6-83</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME.</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42378

EMERGENCY INFORMATION		SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center;"><i>Now 42378-015</i></p>			
<p>IN CASE OF EMERGENCY, NOTIFY: <i>Delco Moraine</i></p>			
SHIPPING INFORMATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE
<i>Now 423</i>		<i>30 YARDS</i>	
MATERIAL DESCRIPTION			
<p><input type="checkbox"/> RECLAMATION    <input type="checkbox"/> INCINERATION    <input checked="" type="checkbox"/> LANDFILL    <input type="checkbox"/> OTHER (Specify) _____</p>			
ADDITIONAL INFORMATION:			
CERTIFICATION			
<p>GENERATOR <b>DELCO MORaine DIV. GMC</b> <i>8-6-83</i></p> <p>COMPANY NAME <b>1420 WISCONSIN BLVD.</b></p> <p>ADDRESS _____</p> <p>CITY <b>DAYTON</b> STATE <b>OHIO</b> <b>45401</b> ZIP _____ PHONE _____</p>		<p>EPA IDENTIFICATION CODE NO. <i>OH 05028561</i></p> <p>STATE I.D. NO. _____</p> <p>PURCHASE ORDER _____</p>	
<p>This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>			
<p>Signature <i>[Signature]</i> Print Name <b>J. PEARSON</b> Phone <b>227 6391</b></p>		<p>EPA IDENTIFICATION NO. _____</p>	
<p>TRANSPORTER <b>JAN E</b></p> <p>COMPANY _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____ PHONE _____</p>		<p>STATE I.D. CODE _____</p> <p>JOB I.D. NO. _____</p>	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>			
<p>Signature _____ Print Name _____ Date Received _____</p>		<p>EPA IDENTIFICATION CODE NO. _____</p>	
<p>TREATMENT/DISPOSAL FACILITY <b>DAYTON LANDFILL</b></p> <p>COMPANY _____</p> <p>ADDRESS _____</p> <p>CITY <b>DAYTON</b> STATE <b>OHIO</b> ZIP _____ PHONE _____</p>		<p>STATE I.D. NO. _____</p> <p>JOB NO. _____</p>	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>			
<p>Signature _____ Print Name _____ Date _____</p>		<p>_____</p>	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 02379

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>938-8007</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>CONCRETE BLOCKS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-6-83</u>	EPA IDENTIFICATION CODE NO.	<u>060928561</u>
COMPANY NAME	<u>DELCO MORAIN DIV. GMC</u>	STATE I.D. NO.	
ADDRESS	<u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER	
CITY	<u>DAYTON</u>	STATE	<u>OHIO</u>
		ZIP	<u>45401</u>
		PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature	<u>[Signature]</u>	Print Name	<u>J. REARDON</u>
		Phone	<u>227-6391</u>
TRANSPORTER	EPA IDENTIFICATION NO.		
COMPANY	<u>SAME</u>	STATE I.D. CODE	
ADDRESS		JOB I.D. NO.	
CITY		ZIP	
		PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature		Print Name	
		Date Received	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.		
COMPANY	<u>S. DAYTON LANDFILL</u>	STATE I.D. NO.	
ADDRESS		JOB NO.	
CITY	<u>DAYTON</u>	STATE	<u>OHIO</u>
		ZIP	
		PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature		Print Name	
		Date	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12389

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>_____</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>2540</u>	<u>300</u>	<u>BOXES &amp; BANDS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED		EPA IDENTIFICATION CODE NO. <u>640060928581</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>_____</u>		Print Name _____		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42390

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>	<u>BED</u>	<u>DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORAIN</u>		EPA IDENTIFICATION CODE NO. <u>04D060928561</u>		
COMPANY NAME <u>20 WISCONSIN BLVD.</u>		STATE I.D. NO. <u>OHIO</u>		
ADDRESS <u>DAYTON</u>		PURCHASE ORDER <u>45401</u>		
CITY <u>DAYTON</u>		ZIP _____ PHONE _____		
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u> Phone <u>227-6391</u>		
TRANSPORTER <u>SAME</u>		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY <u>SOUTH DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 112391

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
NON HAZARDOUS				
IN CASE OF EMERGENCY, NOTIFY: J REARDON				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30405	BED	DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR COMPANY NAME <u>DELCO MORAIN DIV. GMC</u> ADDRESS <u>1420 WISCONSIN BLVD.</u> CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		DATE SHIPPED <u>8-11-83</u> EPA IDENTIFICATION CODE NO. <u>OH006028561</u> STATE I.D. NO. _____ PURCHASE ORDER _____ PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>		
TRANSPORTER COMPANY <u>SAME</u>		EPA IDENTIFICATION NO. _____ STATE I.D. CODE _____ JOB I.D. NO. _____ CITY _____ STATE _____ ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY COMPANY <u>SOUTH DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____ STATE I.D. NO. _____ JOB NO. _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____		Date _____		



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 112394

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="font-size: 1.2em; font-family: cursive;">NON HAZARDOUS</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<p style="font-size: 1.2em; font-family: cursive;">NON HAZ</p>		<p style="font-size: 1.2em; font-family: cursive;">30 YDS</p>		<p style="font-size: 1.2em; font-family: cursive;">SCRAP IRON</p>
MATERIAL DISPOSITION				
<p> <input type="checkbox"/> RECLAMATION                 <input type="checkbox"/> INCINERATION                 <input checked="" type="checkbox"/> LANDFILL                 <input type="checkbox"/> OTHER (Specify) _____         </p>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-12-83</u>		EPA IDENTIFICATION CODE NO. <u>011D060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER <u>SAME</u>		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112395

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>J. PEARDON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>BOXES / CARDBOARD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>8-12-83</u> EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMCO</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>J. PEARDON</u> Phone <u>227-6391</u>	

TRANSPORTER	
COMPANY _____	EPA IDENTIFICATION NO. _____
ADDRESS _____	STATE I.D. CODE _____
CITY _____ STATE _____	JOB I.D. NO. _____
ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	
COMPANY <u>S. DAYTON LANDFILL</u>	EPA IDENTIFICATION CODE NO. _____
ADDRESS _____	STATE I.D. NO. _____
CITY <u>Dayton</u> STATE <u>OHIO</u>	JOB NO. _____
ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12396

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>	<u>BEJ</u>	<u>CONCRETE</u>
				<u>PORT</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>8-12-83</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS <u>Dayton</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 112392

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>SCARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Mod Ltr		30 yds.		Dirt	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-12-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 5062928261</u>	
COMPANY NAME		<u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS		<u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY		STATE		ZIP	PHONE
<u>DAYTON</u>		<u>OHIO</u>		<u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		<u>SAME</u>		STATE I.D. CODE _____	
ADDRESS				JOB I.D. NO. _____	
CITY		STATE		ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		<u>ST. DAYTON LANDFILL</u>		STATE I.D. NO. _____	
ADDRESS				JOB NO. _____	
CITY		STATE		ZIP	PHONE
<u>DAYTON</u>		<u>OHIO</u>			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42398

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30405</u>	<u>BD</u>	<u>CONCRETE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORAIN DIV. GMC</u> EPA IDENTIFICATION CODE NO. <u>PA10060928561</u>				
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS _____ PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that <u>OHIO 060928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name _____ Phone <u>227-6391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY _____ STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42399

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>DUST</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORaine DIV GMC</u>		EPA IDENTIFICATION CODE NO. <u>OH 5060928561</u>		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON</u>		PURCHASE ORDER _____		
CITY _____	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. Pearson</u>	Phone <u>2276391</u>	
TRANSPORTER <u>Same</u>		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12400

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 YARDS</u>		<u>DUST - CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR <u>DELCO MORaine DIV GM</u> <u>8-13-83</u> EPA IDENTIFICATION CODE NO. <u>042050726161</u>					
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____					
ADDRESS _____ PURCHASE ORDER _____					
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____					
This is to certify that <u>OHIO 060928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____ Print Name <u>J. REARSON</u> Phone <u>2276391</u>					
TRANSPORTER EPA IDENTIFICATION NO. _____					
COMPANY <u>Same</u> STATE I.D. CODE _____					
ADDRESS _____ JOB I.D. NO. _____					
CITY _____ STATE _____ ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____ Print Name _____ Date Received _____					
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>J. DAYTON LANDFILL</u> STATE I.D. NO. _____					
ADDRESS _____ JOB NO. _____					
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____ Print Name _____ Date _____					



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42402

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Wood</u>		<u>30 VARS</u>		<u>PARADE WOOD</u>	
				<u>BOXES</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR <u>DELCO MORaine DIV. GMCO</u>		DATE SHIPPED <u>8-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>DAYTON</u>		CITY <u>OHIO</u>		ZIP <u>45401</u>	
CITY _____		STATE _____		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>2276591</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11903

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Dept</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Not Haz</u>		<u>30 YDS</u>	<u>1120</u>	<u>BOXES CARDBOARD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR <u>DELCO MORaine DIV GMC</u>		DATE SHIPPED <u>8-15-87</u> EPA IDENTIFICATION CODE NO. <u>OH-060928101</u>			
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____			
ADDRESS <u>DAYTON</u>		PURCHASE ORDER _____			
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>S. Pearson</u>		Phone <u>227-6391</u>	
TRANSPORTER <u>Same</u>		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>S. Day Landfill</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. A2409

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>See label</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR <u>DELCO MORaine DIV GM</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>			
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____			
ADDRESS _____		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that <u>OH 060928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. TRARDEL</u>		Phone <u>3276791</u>	
TRANSPORTER _____		EPA IDENTIFICATION NO. _____			
COMPANY <u>Smith</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>Smith Landfill</u>		EPA IDENTIFICATION CODE NO. _____			
COMPANY _____		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12414

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>			<u>BED</u>	<u>FLY ASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR <u>DELCO MORaine DIV. GMC</u>		<u>8-18-83</u>		EPA IDENTIFICATION CODE NO. <u>611D060928561</u>	
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>				STATE I.D. NO. _____	
ADDRESS <u>DAYTON</u>		STATE <u>OHIO</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>		ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER <u>SAME</u>				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <u>SOUTH DAYTON LANDFILL</u>				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112419

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>  1-800-  </u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>25 YDS</u>	<u>BE O</u>	<u>BOXES &amp; BANDS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR <u>DELCO MORaine DIV GMC</u> <u>8-20-83</u> EPA IDENTIFICATION CODE NO. <u>CHDC60928561</u>					
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____					
ADDRESS _____ PURCHASE ORDER _____					
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____					
This is to certify that <u>CHDC60928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u> Print Name <u>JAMES PEARDON</u> Phone <u>227-6391</u>					
TRANSPORTER _____ EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u> STATE I.D. CODE _____					
ADDRESS _____ JOB I.D. NO. _____					
CITY _____ STATE _____ ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____ Print Name _____ Date Received _____					
TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON LANDFILL</u> STATE I.D. NO. _____					
ADDRESS _____ JOB NO. _____					
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____ Print Name _____ Date _____					

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. **A2420**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non HAZARDOUS</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>J. REARDON</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30405</i>	<i>Box</i>	<i>BOXES of CARBOBARK</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <b>DELCO MORAIN DIV. GMD</b>		EPA IDENTIFICATION CODE NO. <i>04D060928561</i>		
COMPANY NAME <b>1420 WISCONSIN BLVD.</b>		STATE I.D. NO. _____		
ADDRESS <b>DAYTON</b>		PURCHASE ORDER _____		
CITY <b>DAYTON</b>		STATE <b>OHIO</b>	ZIP <b>45401</b>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>J. REARDON</i>		Phone <i>227-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>S. Dayton LLC</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>S. Dayton LLC</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>		STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 912421

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;">Non HAZARDOUS</p>					
<p>IN CASE OF EMERGENCY, NOTIFY: <u>REARDON</u></p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non HAZ		30 YD		SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR <u>DELCO MORAIN DIV. GMC</u> <u>83-20-83</u> EPA IDENTIFICATION CODE NO. _____ COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. <u>OH0060928561</u> ADDRESS _____ PURCHASE ORDER _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> <u>45401</u> ZIP _____ PHONE _____ This is to certify that <u>OH0060928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J.A. SMITHAL</u> Print Name <u>J.A. SMITHAL</u> Phone <u>227-6391</u> TRANSPORTER _____ EPA IDENTIFICATION NO. _____ COMPANY <u>SAME</u> STATE I.D. CODE _____ ADDRESS _____ JOB I.D. NO. _____ CITY _____ STATE _____ ZIP _____ PHONE _____ This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____ Print Name _____ Date Received _____ TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____ COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____ ADDRESS _____ JOB NO. _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____ This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____ Print Name _____ Date _____					





NO. 83451

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44433

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Von Moraine				
IN CASE OF EMERGENCY, NOTIFY: <u>Reardon</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Von Moraine		30 YDS.		FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-25-83</u>	EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARDON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12436

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>FEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>WOOD + CARP. REM.</u>
				<u>POYES</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 13940

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-442-6267</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>New Haz</u>		<u>30 yds.</u>		<u>Fly ash</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>8-29-83</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name J. T. WILSON Phone 3376391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 124145

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>SCAFF WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-31-83</u>		EPA IDENTIFICATION CODE NO. <u>OH-0609285-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. T. PEARSON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. A2447

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center;"><i>Non Haz</i></div>				
IN CASE OF EMERGENCY, NOTIFY: <u>See label</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>		<i>WASTE OIL DUMPS 1 TRAILER</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>8-21-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. P. [unclear]</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 11448

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YDS		FLASH

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR COMPANY NAME <u>DELCO MORaine DIV. GMC</u> ADDRESS <u>1420 WISCONSIN BLVD.</u> CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u> DATE SHIPPED <u>8-31-83</u> EPA IDENTIFICATION CODE NO. <u>042060928581</u> STATE I.D. NO. _____ PURCHASE ORDER _____ PHONE _____ This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature <u>[Signature]</u> Print Name <u>S. T. Rendon</u> Phone <u>2276391</u> OHD 060928561	TRANSPORTER COMPANY <u>Sam E</u> EPA IDENTIFICATION NO. _____ STATE I.D. CODE _____ ADDRESS _____ JOB I.D. NO. _____ CITY _____ STATE _____ ZIP _____ PHONE _____ This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature _____ Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY COMPANY <u>S. DAYTON LANDFILL</u> EPA IDENTIFICATION CODE NO. _____ STATE I.D. NO. _____ ADDRESS _____ JOB NO. _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____ This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest. Signature _____ Print Name _____ Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 43459

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Not Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>911</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Not Haz</u>		<u>30 yds</u>		<u>SCAFF WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>8-1-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928-62</u>
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>	STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature <u>[Signature]</u>	Print Name <u>J. T. [Name]</u>	Phone <u>247 6391</u>

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>Same</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 4246C

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>9-1-1</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>300 BAGS</u>		<u>FERROUS NAILS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-7-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>20 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>JANE</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12761

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>FF-14A</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-7-83</u>		EPA IDENTIFICATION CODE NO. <u>OH06092581</u>	
COMPANY NAME <u>Delco Moraine Div.</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1450 WILCOXSON</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. E. Anderson</u>		Phone <u>327-5391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 13462

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
_____	
_____	
IN CASE OF EMERGENCY, NOTIFY: <u>TELEPHONE</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>3000</u>		<u>Wood + cardboard</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-8-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 06092861</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name <u>J. Pearson</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12467

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP ALUM</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-9-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928563</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1220 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>JEAN?ON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>JAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11468

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>New tires</u>		<u>50 yards</u>		<u>CEMENT - BAGS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-9-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Pearson</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14477

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>See label</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YRS</u>	<u>Asphalt</u>	<u>Box of Wood</u>
				<u>TRASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input checked="" type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-10-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 069928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. PEARSON</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12475

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>50 yds</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-12-83</u>		EPA IDENTIFICATION CODE NO. <u>OH5060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. PEARSON</u>		Phone <u>3276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43476

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON Haz</u>		<u>30 yds</u>		<u>Scrap wood - Spack</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-13-13</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>T. J. Pearson</u>	Phone <u>227 6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112477

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>7 PLEDOY</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-13-88</u> EPA IDENTIFICATION CODE NO. <u>OH3060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u> Print Name <u>J. REARDON</u>		Phone <u>227 6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____ Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11483

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Used Oil</u>		<u>30 yds.</u>		<u>Used Oil</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-15-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 841184

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Lead Acid</u>		<u>500</u>		<u>Spill of Lead</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**CERTIFICATION**

GENERATOR     DATE SHIPPED 7-1-83     EPA IDENTIFICATION CODE NO. 041060223-01  
 COMPANY NAME DELCO MORAIN DIV. GMC     STATE I.D. NO. \_\_\_\_\_  
 ADDRESS 1420 WISCONSIN BLVD.     PURCHASE ORDER \_\_\_\_\_  
 CITY DAYTON     STATE OHIO     ZIP 45401     PHONE \_\_\_\_\_  
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
 Signature \_\_\_\_\_ Print Name J. J. ... Phone 227-6791

TRANSPORTER     EPA IDENTIFICATION NO. \_\_\_\_\_  
 COMPANY same     STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_     JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_     STATE \_\_\_\_\_     ZIP \_\_\_\_\_     PHONE \_\_\_\_\_  
 This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY     EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY Dayton Landfill     STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_     JOB NO. \_\_\_\_\_  
 CITY Dayton     STATE OHIO     ZIP \_\_\_\_\_     PHONE \_\_\_\_\_  
 This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13487

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Not Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>7-1-2-3-4-5-6-7</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Not Haz</u>		<u>30 WTS.</u>		<u>Small Boxes</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-16-83</u>	EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>J. R. RAY</u>	Phone <u>227-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. J. LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A2490

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>7-17-82</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Asphalt</u>		<u>3-475</u>		<u>CONCRETE / LUST</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-17-82</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>James E. [Name]</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>JANE</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		DATE RECEIVED _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		DATE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43497

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>20 YD</u>		<u>DIRT</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>TERARION</u>		Phone <u>2076391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		CITY _____	
ADDRESS _____		STATE _____		ZIP _____	
CITY _____		PHONE _____		Date Received _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		CITY _____	
ADDRESS _____		STATE <u>OHIO</u>		ZIP _____	
CITY <u>DAYTON</u>		PHONE _____		Date _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A1492

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION     IN CASE OF EMERGENCY, NOTIFY: <u>7</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 RS.</u>		<u>FLASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:  					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-19-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>1 E. ARDEN</u>		Phone <u>227-6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAY</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12493

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>ROXES/WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		<u>19</u>		STATE I.D. NO. _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>J. Pearson</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>J. Pearson Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43437

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;">NON HAZARDOUS</div>  <div>IN CASE OF EMERGENCY, NOTIFY: <u>2-1-1</u></div>				NET WT. _____  TRAILER NO.    TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>1000</u>		<u>Serif Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-19-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060129-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDEN</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43500

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION     IN CASE OF EMERGENCY, NOTIFY: _____			NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Nov 1972</u>		<u>30</u>		<u>50000 WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-17-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. K. [Name]</u>	Phone <u>427-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Name]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 94701

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Used Oil</u>		<u>30 gal</u>		<u>STEEL DRUMS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-19-83</u>	EPA IDENTIFICATION CODE NO. <u>051060928151</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REASON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11311

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>214-4400</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 YDS.</u>		<u>BOYS/BANDS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-21-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 2460128561</u>	
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS	<u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY	<u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature	<u>[Signature]</u>	Print Name	<u>T. Pearson</u> Phone <u>2276591</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY	<u>same</u>	STATE I.D. CODE	_____
ADDRESS	_____	JOB I.D. NO.	_____
CITY	_____	ZIP	_____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature	_____	Print Name	_____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY	<u>DAYTON LANDFILL</u>	STATE I.D. NO.	_____
ADDRESS	_____	JOB NO.	_____
CITY	<u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature	_____	Print Name	_____ Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 7 5 1 2

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Ward 11-22</u>		<u>2000</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-22-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>
COMPANY NAME <u>DELCO MORAINÉ DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45403</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. KERRON</u>		Phone <u>927-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1509

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114313

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>104 119</u>		<u>3000</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-24-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REAGAN</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11514

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YRS</u>		<u>FLASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-24-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. T. PARRIS</u>		Phone <u>227 6591</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAY. LANDFILL</u>		JOB NO. _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11315

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-441-4444</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>1000 1/2</u>		<u>3000</u>		<u>2000/1000</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-24-83</u>		EPA IDENTIFICATION CODE NO. <u>042060128151</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. J. J. J.</u>		Phone <u>227-6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAMES</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

NO. 11531

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>400 102</u>		<u>5000</u>		<u>TRUCK OF PAINT</u>	
				<u>AND CEMENT</u>	
				<u>PAINT</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-27-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. BROWN</u>		Phone <u>257 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11521

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Van</u>		<u>30 yds</u>		<u>FLYASH</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>7-28-83</u>		EPA IDENTIFICATION CODE NO. <u>04200728561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature _____		Print Name <u>J. T. HAZON</u>		Phone <u>207-6391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. AA524

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>See below</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-29-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 06092854</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 Wisconsin</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>TEARSON</u>		Phone <u>435-2205</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAY. LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12529

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
<i>NON HAZARDOUS</i>	
IN CASE OF EMERGENCY, NOTIFY: <u>SAFETY</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NON HAZ</i>		<i>30 VDR</i>		<i>TRUCKS / WOODS</i>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____	
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-30-83</u> EPA IDENTIFICATION CODE NO. <u>OH 2060928361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature _____	Print Name <u>T. T. T. T.</u> Phone <u>227 6391</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>Same</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>2070W LON-FILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>2070W</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11530

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO MORAIN</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>5000</u>		<u>FLUORINE</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-1-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Thompson</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		JOB I.D. NO. _____
ADDRESS _____				
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____
ADDRESS _____				
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11336

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Hazard</u>		<u>30 yds.</u>		<u>Concrete/LMT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u> EPA IDENTIFICATION CODE NO. <u>042060728561</u>				
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS _____ PURCHASE ORDER _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____ Print Name <u>J. TRACON</u> Phone <u>2276391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>S. DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12537

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DELCO</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>MOULDER</u>		<u>30 YDS</u>		<u>CONCRETE PIST</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-4-83</u>	EPA IDENTIFICATION CODE NO. <u>OH/D060128561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TEARLON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 44538

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>7 1000000</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>		<u>Concrete / S.I.T</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-4-85</u>		EPA IDENTIFICATION CODE NO. <u>0415060428-61</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		ZIP <u>45401</u>	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAUSE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
CITY _____		STATE _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A2339

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Used Oil</u>		<u>3000</u>		<u>UNRECOVERED OIL</u>
				<u>BASE OIL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-4-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TRAYLOR</u>		Phone <u>227 6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12545

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>FAIRBORN</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>20 VARS</u>		<u>SCAFF WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>10-5-83</u>	EPA IDENTIFICATION CODE NO. <u>042060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name J. REARDON Phone 227-6391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>S. DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12551

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Hazardous</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>9-1-1</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>25 bags</i>		<i>CONCRETE</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>10-8-85</i>	EPA IDENTIFICATION CODE NO.	<i>OH 060928-61</i>
COMPANY NAME	<i>DELCO MORAIN DR. GMC</i>	STATE I.D. NO.	
ADDRESS	<i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER	
CITY	<i>DAYTON</i>	STATE	<i>OHIO</i>
		ZIP	<i>45401</i>
		PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature	<i>[Signature]</i>	Print Name	<i>J. REARSON</i>
		Phone	<i>227 6391</i>
TRANSPORTER	EPA IDENTIFICATION NO.		
COMPANY	<i>SAME</i>	STATE I.D. CODE	
ADDRESS		JOB I.D. NO.	
CITY		ZIP	
		PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature		Print Name	
		Date Received	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.		
COMPANY	<i>S. DAYTON LANDFILL</i>	STATE I.D. NO.	
ADDRESS		JOB NO.	
CITY	<i>DAYTON</i>	STATE	<i>OHIO</i>
		ZIP	
		PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature		Print Name	
		Date	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 43452

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>7-660010</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 yds.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-8-82</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. REARSON</u>	Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. AA553

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>  </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Mod 1102</u>		<u>30 yds.</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-8-83</u>		EPA IDENTIFICATION CODE NO. <u>0110 060728561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. TREARLOW</u>		Phone <u>2276291</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12555

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-4-A-DELCO</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>			<u>30 YRS</u>		<u>SCAFF WOOD</u>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>10-10-83</u>		EPA IDENTIFICATION CODE NO. <u>04206092851</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. REARSON</u>		Phone <u>257 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAFARI</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 14567

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Non Hazardous</i>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-235-2232</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yls</i>		<i>Delco Moraine</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-12-83</u>	EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 112565

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: _____							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>1420 WISCONSIN BLVD</u>		<u>21</u>		<u>FLUOR</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>10-11-85</u>	EPA IDENTIFICATION CODE NO. <u>112565</u>				
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
<p>This is to certify that the above named materials are properly classified, described, labeled, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>							
Signature _____		Print Name <u>J. M. ...</u>	Phone <u>207/391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>Same</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12566

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Acid</u>		<u>700</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-14-85</u>		EPA IDENTIFICATION CODE NO. <u>OH060928767</u>
COMPANY NAME <u>DELCO MORaine DIV. GMD</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARSON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANES</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 7-1-70

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>1000</u>		<u>WASTE</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>10-10-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060128-51</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. K. ARDEN</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. D. TON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12371

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>None</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
_____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>None</u>		<u>30</u>		<u>Scrap metal</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

## CERTIFICATION

GENERATOR DATE SHIPPED 10-15-83 EPA IDENTIFICATION CODE NO. 091 030121 01  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name J. Pearson Phone 327 6291

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY SAME STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12381

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center;"><i>Non-Hazardous</i></p>					
<p>IN CASE OF EMERGENCY, NOTIFY: _____</p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Auto Parts</i>		<i>30 PAIRS</i>		<i>Car Parts Tires</i>	
				<i>PAIRS</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-20-83</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 06092 F-61</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1-120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature _____		Print Name <u>J. Pearson</u>		Phone <u>327 6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAVE</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1-1082

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
NON HAZARDOUS	
IN CASE OF EMERGENCY, NOTIFY: <u>9-1-1</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>50 WTS</u>		<u>CAUSTIC WASTE</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

**CERTIFICATION**

GENERATOR DATE SHIPPED 10-20-83 EPA IDENTIFICATION CODE NO. OH 060928561  
 COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
 ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
 Signature \_\_\_\_\_ Print Name J. REARDEN Phone 227-6391  
 TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
 COMPANY SAME STATE I.D. CODE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_  
 TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
 COMPANY S. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
 CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 11585

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: _____							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>70 YARDS</u>		<u>FLASH</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>10-21-85</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. PERRIN</u>	Phone <u>2276391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAF-E</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11 11 11 11

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>800-222-0011</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>		<u>Fly Ash</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-22-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. [Name]</u>	Phone <u>2076391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 4-508

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZARDOUS</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>1-800-222-2000</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP WOOL</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION	
GENERATOR COMPANY NAME <u>DELCO MORaine DIV. GMC</u> ADDRESS <u>120 WISCONSIN BLVD.</u> CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	DATE SHIPPED <u>10-2-83</u> EPA IDENTIFICATION CODE NO. <u>OH06072851</u> STATE I.D. NO. _____ PURCHASE ORDER _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>T. T. T. T. T.</u> Phone <u>2276391</u>	

TRANSPORTER COMPANY <u>SPRUE</u> ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____	EPA IDENTIFICATION NO. _____ STATE I.D. CODE _____ JOB I.D. NO. _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY COMPANY <u>S. J. J. J. J.</u> ADDRESS _____ CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____	EPA IDENTIFICATION CODE NO. _____ STATE I.D. NO. _____ JOB NO. _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11515

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>707-41204</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>50 YARDS</u>		<u>SCRAP WOOD</u>	
				<u>AND TRAILS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-26-83</u>		EPA IDENTIFICATION CODE NO. <u>OH-060128-01</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. HARRISON</u>		Phone <u>2976391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAFARI</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____		This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
PHONE _____		This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 105197

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
No. 4 Agz			20 yds		Dark brown Agz
					Dark
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-27-85</u>		EPA IDENTIFICATION CODE NO. <u>04-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. P. [Name]</u>		Phone <u>207 6291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON Landfill</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 11110

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Flammable</i>		<i>30 drums</i>		<i>FLAMMABLE</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION

GENERATOR	DATE SHIPPED <u>10-28-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME	<u>DELCO MORaine DIV. GM</u>	STATE I.D. NO. _____
ADDRESS	<u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____
CITY	<u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature \_\_\_\_\_ Print Name L. J. HARRISON Phone 227-6591

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY	<u>SAME</u> STATE I.D. CODE _____
ADDRESS	JOB I.D. NO. _____
CITY	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY	<u>DAYTON LANDFILL</u> STATE I.D. NO. _____
ADDRESS	JOB NO. _____
CITY	<u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 114003

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>50 yds</u>		<u>FLASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-29-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. T. [Name]</u>		Phone <u>237-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Name]</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>DAYTON</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42605

EMERGENCY INFORMATION				SCALE INFORMATION					
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>					
IN CASE OF EMERGENCY, NOTIFY: <u>800-4-A-ROAD</u>									
<b>SHIPPING INFORMATION</b>									
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION					
<u>NON HAZ</u>		<u>30 YDS</u>		<u>FLYASH</u>					
		<u>5000 LBS</u>		<u>SCRAP WOOD</u>					
<b>MATERIAL DISPOSITION</b>									
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____									
ADDITIONAL INFORMATION:									
<b>CERTIFICATION</b>									
GENERATOR		DATE SHIPPED <u>10-29-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-81</u>					
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____					
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>									
Signature _____		Print Name <u>J. PEARSON</u>		Phone <u>227 6391</u>					
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____					
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____					
ADDRESS _____		CITY _____ STATE _____		ZIP _____					
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>									
Signature _____		Print Name _____		Date Received _____					
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____					
ADDRESS <u>DAYTON</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____					
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>									
Signature _____		Print Name _____		Date _____					

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 111117

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO.    TRACTOR NO.	
<div style="text-align: center; font-size: 1.2em;">Non Hazardous</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>Fire Department</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>30</u>		<u>Flammable</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-31-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928-51</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 42600

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YARDS</u>		<u>SCRAP IRON/PAVEMENT</u>
				<u>CARBONAL, WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-31-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 1-13-19

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 m</u>		<u>SCAF wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-3-19</u>	EPA IDENTIFICATION CODE NO. <u>0420692FV61</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1520 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. J. [Name]</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1-35/17

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J REARDON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30-105</u>		<u>FL-15H</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-5-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D06092856</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>		Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DALLON LAND FILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 115520

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>J. REARDON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30/105</u>		<u>FL 175H</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-5-83</u>	EPA IDENTIFICATION CODE NO. <u>OHDD060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. REARDON</u>	Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11273

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
IN CASE OF EMERGENCY, NOTIFY: <u>212-220-0000</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30 yd</u>		<u>Scrap wood</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 11-7-13 EPA IDENTIFICATION CODE NO. OH0060928561  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name J. T. HARRISON Phone 227 6591

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY Same STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY S. DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 45401

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINGER</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Used Gas</u>		<u>3000</u>		<u>5000</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-7-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060228561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. T. F. ...</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. J. ...</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000007

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>513-251-1111</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Maple Wood</u>		<u>2000</u>		<u>5000 wood</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-9-82</u>		EPA IDENTIFICATION CODE NO. <u>060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1220 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>JOHN J. JONES</u>		Phone <u>513-251-1111</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44637

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center;">Non-Hazardous</div>  IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>			NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Hazardous</u>		<u>20 drums</u>		<u>Paint - Lead</u>
				<u>Lead</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11/13/81</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION CODE NO. <u>OH 06012831</u>		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
CITY <u>DAYTON</u>		PURCHASE ORDER _____		
STATE <u>OHIO</u>		ZIP <u>45401</u>		
PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Reardon</u> Phone <u>227-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Amc</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____		
STATE _____		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____    Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		ZIP <u>45401</u>		
STATE <u>OHIO</u>		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____    Date _____		

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112-83

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Used Oil</u>		<u>200</u>		<u>7.1.12H</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>11-2-83</u>		EPA IDENTIFICATION CODE NO. <u>04-06028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	<u>45401</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. W. ...</u>		Phone <u>507-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 44634

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO.    TRACTOR NO.</p>
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

---

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-1-82</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature _____	Print Name _____	Phone <u>507-5511</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>AP-744</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 40638

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: <u>2-1-1</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Oil</u>		<u>2000</u>		<u>5000</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION   
 ☐ INCINERATION   
 ☒ LANDFILL   
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

GENERATOR		CERTIFICATION	
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>	DATE SHIPPED	<u>11-14-83</u>
ADDRESS	<u>1120 WISCONSIN BLVD.</u>	EPA IDENTIFICATION CODE NO.	<u>OH 060928561</u>
CITY	<u>DAYTON</u>	STATE I.D. NO.	_____
STATE	<u>OHIO</u>	PURCHASE ORDER	_____
ZIP	<u>45401</u>	PHONE	_____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature	_____	Print Name	<u>J. L. RICH</u>
Phone	<u>007-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO.	
COMPANY	<u>CALFE</u>	STATE I.D. CODE	_____
ADDRESS	_____	JOB I.D. NO.	_____
CITY	_____	ZIP	_____
STATE	_____	PHONE	_____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature	_____	Print Name	_____
Date Received	_____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.	
COMPANY	<u>S. J. ...</u>	STATE I.D. NO.	_____
ADDRESS	_____	JOB NO.	_____
CITY	<u>DAYTON</u>	ZIP	_____
STATE	<u>OHIO</u>	PHONE	_____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature	_____	Print Name	_____
Date	_____		

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42645

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>7805200</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>20 VES.</u>		<u>SCRAP WOOD</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-17-83</u>		EPA IDENTIFICATION CODE NO. <u>042060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. REASER</u>		Phone <u>227-6291</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12647

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;">Non HA</p>				
<p>IN CASE OF EMERGENCY, NOTIFY: _____</p>				
<p>_____</p>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non HA		20-105		HAZ
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-18-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature _____		Print Name <u>J. REARDEN</u>	Phone <u>227-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JAN E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY. LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42856

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>NON HAZ</u>  IN CASE OF EMERGENCY, NOTIFY: <u>217-777-2000</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 / 05</u>		<u>1-2 / 1-4</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D060 928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE <u>227-6391</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. K. REIDON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAY LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12652

EMERGENCY INFORMATION				SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZARDOUS</div> IN CASE OF EMERGENCY, NOTIFY: <u>J. K. RAYMOND</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>NON HAZ</u>		<u>30-105</u>		<u>Scrap Wood</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>11-24-83</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. K. RAYMOND</u>		Phone <u>227-6391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>S.M.C.</u>		STATE I.D. CODE _____		JOB I.D. NO. _____			
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____			
ADDRESS _____		CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name <u>[Signature]</u>		Date _____			

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

**NO.** 12653

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Not Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Emergency</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz.</u>		<u>1 load</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-22-83</u>	EPA IDENTIFICATION CODE NO. <u>OH17 010 924 561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Chris McClellan</u>	Phone <u>527 657</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u> </u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS <u> </u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OH</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43654

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>Chris McChesney</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>1 Load</u>		<u>Concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Chris McChesney</u>		Print Name <u>Chris McChesney</u>		Phone <u>271 1391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u> </u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u> </u>		STATE I.D. NO. _____		
ADDRESS <u> </u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42113

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>Non Hazardous</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Quas McCloskey</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>1 Load</u>		<u>Concrete</u>

**MATERIAL DISPOSITION**

☐ RECLAMATION    
 ☐ INCINERATION    
 ☒ LANDFILL    
 ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-19-83</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>Quas McCloskey</u>	Phone <u>222-024</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS <u>[Signature]</u>	JOB I.D. NO. _____		
CITY _____ STATE _____ ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43663

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>714 544-2101</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 drums</u>		<u>TRAIL AND DANG</u>
				<u>LIQUID</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-10-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. T. ...</u>	Phone <u>555/791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>...</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>...</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12037

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>700-2000</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Wash</u>		<u>30 VARS</u>		<u>FINISH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-3-82</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. T. ...</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>AT Dayton</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42453

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Ref. 1102</u>		<u>200</u>		<u>50.00 1000</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>11-23-83</u>		EPA IDENTIFICATION CODE NO. <u>660928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>907-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. J. ...</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 4627

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO.    TRACTOR NO.	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>1-800-4-A-DELCO</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>15 yds</u>		<u>Reclaimable Powder</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
<b>ADDITIONAL INFORMATION:</b>					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>11/30/83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO-MORAINE-DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>Chris T. McSherry</u>		Phone <u>216-591</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u> STATE <u>Ohio</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000072

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>Call 714-666-1111</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>1200</u>	<u>Box</u>	<u>Scrap Wood</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-30-83</u>		EPA IDENTIFICATION CODE NO. <u>00000000000000000000</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Charles McChesney</u>		Phone <u>276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>4015</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LAULF 171</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 42623

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<i>Non Hazardous</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>Edna T. McElroy</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>154</i>	<i>unit</i>	<i>Material</i>	
				<i>Material</i>	
				<i>Material</i>	
				<i>Material</i>	
				<i>Material</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>12/3/83</i>		EPA IDENTIFICATION CODE NO. <i>OH 060924571</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		PHONE _____	
CITY _____		STATE <i>OHIO</i>		ZIP <i>45401</i>	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <i>[Signature]</i>		Print Name <i>Edna T. McElroy</i>		Phone <i>276 391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <i>SAME</i>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
PHONE _____					
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY <i>Landfill</i>		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <i>South</i>		ADDRESS _____		JOB NO. _____	
CITY <i>Dayton</i>		STATE <i>Ohio</i>		ZIP _____	
PHONE _____					
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 43676

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<i>See Hazardous</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<i>See Delco Moraine</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 lbs</i>	<i>Box</i>	<i>FLY Ash</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>12-7-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMD</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u>
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>
CITY _____		STATE _____		ZIP _____
CITY _____		STATE _____		PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>Charles McCloskey</u>		Phone <u>271391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____		
CITY _____		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Wilton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>Ohio</u>		
CITY _____		ZIP _____		
CITY _____		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations: Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42678

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non Hazardous</i>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<i>Quas McElroy</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>	<i>Red</i>	<i>Concrete</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>11-3-83</i>		EPA IDENTIFICATION CODE NO. <i>04A660922561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____			
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____			
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>Quas McElroy</i>		Phone <i>221 6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAME</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>Indiana Landfill</i>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 72679

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <u>Not Hazardous</u>  IN CASE OF EMERGENCY, NOTIFY: <u>City of Dayton</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>Concrete</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-85</u>		EPA IDENTIFICATION CODE NO. <u>42 01072854</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Chris McLeskey</u>		Phone <u>277 6341</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>AME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>Dayton</u>		CITY <u>Dayton</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** A268D

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
<u>Non Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>CHAS McCLUCKEY</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30/15</u>	<u>Box</u>	<u>Gasoline</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>6-3-83</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>CHAS McCLUCKEY</u>		Phone <u>271 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>115</u>		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 42681

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>Chris McCloskey</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>	<u>Bed</u>	<u>Concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-3-83</u>		EPA IDENTIFICATION CODE NO. <u>MD 060928561</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Chris McCloskey</u>		Print Name <u>Chris McCloskey</u>		Phone <u>297 6371</u>
TRANSPORTER		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>1120</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>United Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12686

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SP. TATION</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Hazardous</u>		<u>30 yds</u>		<u>Scrap metal</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>12-6-83</u>	EPA IDENTIFICATION CODE NO. <u>0420602856</u>	
COMPANY NAME <u>Delco Moraine Inc</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 W. COMSTOCK</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>REARSON</u>	Phone <u>3976371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 12689

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>See back</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YLS</u>		<u>BOYLE - PAUL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-7-83</u>		EPA IDENTIFICATION CODE NO. <u>042 060128 51</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>K. F. [unclear]</u>		Phone <u>337-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON</u>		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42690

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>2 DELCO</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 bags</u>		<u>Fly Ash</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-7-85</u>		EPA IDENTIFICATION CODE NO. <u>040128361</u>
COMPANY NAME <u>DELCO MORaine DIV. CMG</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Benson</u>		Phone <u>2276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Tan E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 72373

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>72373</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazardous</u>		<u>20 VACS</u>		<u>TRUCKS TRAILER</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-8-83</u>	EPA IDENTIFICATION CODE NO. <u>OH 06928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>100 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. TAYLOR</u>	Phone <u>607-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 112577

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>714-200-1111</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Acid</u>		<u>100 yds</u>		<u>FLUOR</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-9-83</u>	EPA IDENTIFICATION CODE NO. <u>PA 06028861</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>W. J. K. ROY</u>	Phone <u>2076371</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>AME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 12176

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>512-22-21</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Hazardous</u>		<u>2000</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-7-83</u>	EPA IDENTIFICATION CODE NO. <u>047 040928 41</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>W. J. JORDAN</u>	Phone <u>227-6271</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>512704 / LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

**NO.** 02697

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>SEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>1000</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12/10/83</u>	EPA IDENTIFICATION CODE NO. <u>042 060128 41</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. Seardon</u>	Phone <u>937 573 71</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Seardon</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Seardon Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 42678

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____  TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>920-82000</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>4.4 HAZ</u>		<u>20 WTS</u>		<u>POWDER</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>12-10-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>W. J. MORRISON</u>		Phone <u>227-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____	
				PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
				PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

**NO.** 112677

EMERGENCY INFORMATION				SCALE INFORMATION					
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>					
IN CASE OF EMERGENCY, NOTIFY: <u>SPRINGER</u>									
<b>SHIPPING INFORMATION</b>									
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION					
<u>NOV 24-2</u>		<u>30 YLS</u>		<u>CONCRETE</u>					
<b>MATERIAL DISPOSITION</b>									
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____									
ADDITIONAL INFORMATION:									
<b>CERTIFICATION</b>									
GENERATOR		DATE SHIPPED <u>12 18 83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>					
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the appropriate regulations of the Department of Transportation and the EPA. Keep gold copy for your records.									
Signature _____		Print Name <u>J. T. TAYLOR</u>		Phone <u>227-6391</u>					
TRANSPORTER		EPA IDENTIFICATION NO. _____							
COMPANY <u>SANIT</u>		STATE I.D. CODE _____		JOB I.D. NO. _____					
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.									
Signature _____		Print Name _____		Date Received _____					
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____							
COMPANY <u>J. TAYLOR LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____					
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.									
Signature _____		Print Name _____		Date _____					



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 43700

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Waste</u>		<u>30 YLS</u>		<u>TRASH / concrete</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-10-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060925-61</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name <u>J. T. ...</u>		Phone <u>297-6771</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 40704

EMERGENCY INFORMATION				SCALE INFORMATION					
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>					
IN CASE OF EMERGENCY, NOTIFY: <u>513-255-5001</u>									
<b>SHIPPING INFORMATION</b>									
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION					
<u>NEW UAZ</u>		<u>30 UAZ</u>		<u>SCRAP WOOD AND</u>					
				<u>PAVING &amp; PAINTS</u>					
<b>MATERIAL DISPOSITION</b>									
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____									
ADDITIONAL INFORMATION:									
<b>CERTIFICATION</b>									
GENERATOR		DATE SHIPPED <u>10-15-83</u>		EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>					
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.									
Signature _____		Print Name <u>J. REARSON</u>		Phone <u>222-6391</u>					
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____					
COMPANY <u>NAME</u>		ADDRESS _____		JOB I.D. NO. _____					
CITY _____		STATE _____		ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.									
Signature _____		Print Name _____		Date Received _____					
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____					
COMPANY <u>S. DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.									
Signature _____		Print Name _____		Date _____					



# ENVIRONMENTAL MANIFEST

**NO.** 11709

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YDS.</u>		<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-14-83</u>	EPA IDENTIFICATION CODE NO. <u>045060928581</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. PEARSON</u>	Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JANNE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>J. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42711

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZARDOUS					
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		40 YARDS	ANCHORED	7 RASH	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-14-83</u>		EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>MON. CO. INCINERATOR</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 73713

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>0-800-852-7229</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Now Haz</u>		<u>50 DRUMS</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>12-15-83</u>		EPA IDENTIFICATION CODE NO. <u>143 060928241</u>
COMPANY NAME <u>DELCO MORaine DIV.</u>		STATE I.D. NO. _____		
ADDRESS <u>1450 WILCOXSON BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. TERRYSON</u>		Phone <u>227-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 119918

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>557-2201</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 YARDS</u>		<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>12-17-83</u>	EPA IDENTIFICATION CODE NO. <u>OH-060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GM</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. T. REASON</u>	Phone <u>557-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 73719

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 Y052</u>		<u>FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. PEARSON</u>		Phone <u>3276391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 42720

EMERGENCY INFORMATION				SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">Not Hazardous</div> IN CASE OF EMERGENCY, NOTIFY: <u>800-451-7000</u>				NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Not Hazardous</u>		<u>30 yds</u>		<u>FLASH/CONCRETE</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>12-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>			
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____			
ADDRESS <u>120 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>J. TEARSON</u>		Phone <u>2276391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>Same</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____ STATE _____		ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11721

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Now Hazardous</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>772-2220</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Now Hazard</u>		<u>30 yd.</u>		<u>FLASH/CONCRETE</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>12-17-83</u>		EPA IDENTIFICATION CODE NO. <u>012060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. P. 122001</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAY</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 41712

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>PEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Hazard</u>		<u>20 yds.</u>		<u>CONCRETE</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-17-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>100 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>J. Pearson</u>		Phone <u>227 6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 93736

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: <u>PERSON</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>30 YRS.</u>		<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-19-83</u>	EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>J. KARDON</u>	Phone <u>2276291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 112718

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZARDOUS</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>LEARSON</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NON HAZ</u>		<u>30 YDS</u>		<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-20-83</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1-20 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. E. Larson</u>		Phone <u>2276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>J. E. Larson</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13731

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Hazardous</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>8 Fire Dept</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>130 yds</u>		<u>FLY ASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-21-83</u>	EPA IDENTIFICATION CODE NO. <u>045060918561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMCO</u>		STATE I.D. NO. _____		
ADDRESS <u>1120 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. HERRON</u>	Phone <u>2276291</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVEE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 4-735

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>800-433-2004</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NON HAZ</u>		<u>90 KLS.</u>		<u>DEF FLASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-22-83</u>		EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>T. PRASAD</u>	Phone <u>276391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

**NO.** 11736

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>214 555 1234</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NOV H42</u>		<u>30 YRS.</u>		<u>EXOS - 30 YRS</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-23-83</u>		EPA IDENTIFICATION CODE NO. <u>PHL 060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to <u>060928561</u> regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name <u>T. TRAYLOR</u>		Phone <u>2576391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>5. DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11777

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>				
IN CASE OF EMERGENCY, NOTIFY: <u>777-7777</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Non Haz</u>		<u>30 YDS</u>		<u>F 1/11/5H</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>12-22-83</u>	EPA IDENTIFICATION CODE NO. <u>OH206028561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>							
Signature _____		Print Name <u>T. TRANSPORT</u>	Phone <u>2276391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>DAY LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>							
Signature _____		Print Name _____	Date _____				